

FILED

Ohio Campaign Finance Report

05 APR 21 PM 2:33

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Glaeden for Judge						Registration Number, if PAC					
Full Name of Candidate Carrie E. Glaeden											
Street Address 100 South Third Street						Office Sought Franklin County Municipal Court, Unexpired			District Term Ending 1/04/10		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September		Termination			
		Monthly		Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 0	D 5	Y 0	Y 3

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	672.01
2. Total monetary contributions (From Form No. 31-A)	\$	2,175.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,847.01
5. Total monetary expenditures (From Form No. 31-B)	\$	325.51
6. Balance on hand (line 4 minus line 5)	\$	2,521.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	4,000.00
10. Outstanding debts owed by committee (From Form No. 31-M)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7, and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Kurtis A. Tunnell, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Kurtis A. Tunnell

4/21/05
Date

Contribution
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Expenditure
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Other
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Total
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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge							
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0	4	1	2,175.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 2,175.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge												
To Whom Paid Expenditures from Form 31-F						M	D	Y	Amount			
						0	4	1	4	0	5	325.51
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			

Page Total \$ 325.51

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Linda McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff LLP				Registration Number, if PAC	
Street Address 88 E. Broad Street, Suite 900	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43215	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Iron Workers Local 172 Political Contributing Entity				Registration Number, if PAC PCE	
Street Address 2867 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43207	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Christopher J. Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Avenue, Suite 400	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Terry K. Sherman *				Registration Number, if PAC	
Street Address 175 S. Merkle Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43209	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Gahanna	State O	Zip Code 43230	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Anthony O. Mancuso				Registration Number, if PAC	
Street Address 135 N. Hamilton Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Gahanna	State O	Zip Code 43230	Amount 100.00	Form(Cash, Check, etc) Check	

* Franklin County Court Appointee

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor John F. Hilt & Associates			Registration Number, if PAC	
Street Address 3793 Broadway	Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 5	Amount 500.00
City Grove City	State O H	Zip Code 43123	Form(Cash, Check, etc) Check	
Full Name of Contributor D. Michael Grodhaus			Registration Number, if PAC	
Street Address 6544 Deeside Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 5	Amount 275.00
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,175.00

Total expenditures this event

Page Total \$ **775.00**

31-F

R.C. 3517.10

Event Date 04/14/05Page 6

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge												
To Whom Paid U.S. Postmaster						M	D	Y	Amount			
						0	3	1	1	0	5	148.00
Address 41 S. High Street				Purpose Postage								
City Columbus				State O	H	Zip Code 43215		Check Number 1054				
To Whom Paid Capitol Square Printing, Inc.						M	D	Y	Amount			
						0	3	2	3	0	5	177.51
Address 59 E. Gay Street				Purpose Invitations								
City Columbus				State O	H	Zip Code 43215		Check Number 1055				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City				State		Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 325.51

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Glaeden for Judge													
From Whom Received Carrie E. Glaeden										Prior Amount \$4,000.00		Amt. Incurred this Period 0.00	
Address 5142 Highland Meadows Drive												Outstanding Balance \$4,000.00	
City Hilliard		State OH		Zip Code 43026		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
		1	0	2	8	0	3		0.00				0.00
Registration Number, if PAC													
Employer/Occupation/Labor Organization													

From Whom Received													
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC													
Employer/Occupation/Labor Organization													

From Whom Received													
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC													
Employer/Occupation/Labor Organization													

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ 4,000.00

² Total received this period \$ 0.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 4,000.00 (To Form No. 30-A)